


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L 99000001710																															
1. Limited Liability Company's Name A11 Pro Luxury Limousines, LLC																															
2. Principal Office Address 425 Westford Circle Suite, Apt. #, etc. City & State Palm Harbor FL Zip 34683 Country USA		3. Mailing Office Address PO Box 325 Suite, Apt. #, etc. City & State Palm Harbor FL Zip 34682 Country USA																													
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 4/1/00																													
6. FEI Number 31-163 2826		Applied For Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent																															
Name Paul Freiesleben Street Address (P.O. Box Number is Not Acceptable) 425 Westford Circle Suite, Apt. #, Etc. City Palm Harbor State FL Zip Code 34683																															
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Paul Freiesleben Date 12/27/01 REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers																															
<table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>Paul Freiesleben</td><td>425 Westford Circle</td><td>Palm Harbor FL 34683</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Paul Freiesleben	425 Westford Circle	Palm Harbor FL 34683																				
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																												
MGR	Paul Freiesleben	425 Westford Circle	Palm Harbor FL 34683																												
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager Paul Freiesleben Date 12/27/01 Daytime Phone # 727-804-3316 Typed or printed name of signing Managing Member/Manager Paul Freiesleben																															

FILED  
01 DEC 31 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (9/01)